

Talabooyinka loogu talagalay isticmaalista miraha jeegyada qudaarta iyo (bogga 6)-- eeg sawirka hoose

1. Miraha iyo jeega Qudaarta waaxaa loo isticmaali kaara dukaanka WIC ansixisay,Suuqa Beeralayda ama Goobta Beerta.

(2) Fiiri taariikhya ku qoran jeegada WIC. Taariikhda koowaad waa maalinta koowaad ee isticmaali karto jeega. Taariikhda labaad waa maalinta ugu dambeysa ee aad isticmaali karto jeega. Wuxaan isticmaali kartaa lambar kasta oo jeegyada ah WIC hal mar inta lagu jiro taariikhyan.

(3) Fiiri lacagta dollarka ku qoran jeegaaga WIC ayaa dabooli doono.

4. Dhammaan kooxda miraha iyo bixinta qudaarta isla socota.

5 Sii WIC galkaaga iyo jeegyada aad u isticmaalayo jeegyada qasnajiga ka hor shayda cuntada WIC inta la aan iskaanka la marinin.

(6) Buuxi qiimaha cuntooyinka WIC ee ku yaal jeegga haddii aan si toos ah loogu daabycin diiwaanhayaha lacagta cadanka ah ee dukaanka. Cadada ku qoran ma badan karto qiimaha jeega. Haddii wadarta cadada waxay ka badan tahay miraha iyo qiimaha jeega qudaarta, waa inaad bixisa kala duwanaanshaha. Tusaale ahaan,

- Qiimaha Miraha iyo Jeega Qudaarta waa is \$11.00.
- Wadarta iibsigaaga waa \$12.00.
- Waa inaad bixisa \$1.00 oo dheeri ah

Haddiigadashada miraha iyo qudaarta waxay yar tahay qiimaha jeega, baaqiga ma heli doontid.

(7) Saxiix qeybta hore ee jeega ee geeska midig ee hoose kadib u sii jeega qasnajiga. Qasnajiga wuxuu hubin doonaa isku eekaanshaha saxiixa ee saxiixa wakiilka loo ogolyahay, ka qeygalaha ama wakiilka Galka WIC.

8. Hubso inaad hesho galka iyo rasiidka ka hor inta aadan ka bixin, Suuqa Beeralayda ama Goobta Beerta.

MAINE WIC NUTRITION PROGRAM					Department of Health and Human Services 11 SHS, Augusta, Maine 04333 - 1-800-437-9300 - www.WICforME.com		
NAME OF PARTICIPANT					FIRST DAY TO USE	LAST DAY TO USE	CHECK NUMBER
SAMPLE	CHECK				3/23/2016	4/22/2016	03356297
PARTICIPANT I.D.	AGENCY	CLINIC	FOOD PACKAGE	FI TYPE			
10043571							
FOR PURCHASE OF APPROVED WIC FOODS ONLY (NO SUBSTITUTIONS ALLOWED): \$11.00 For Fresh, Frozen or Canned Fruits &/or Vegetables XXX END OF ORDER XXX					AMOUNT	STAMP BELOW	
					\$		
					DEPOSIT WITHIN 60 DAYS OF FIRST DAY TO USE PAY TO THE ORDER OF MAINE WIC VENDOR		
					X		
					SIGNATURE OF AUTHORIZED REPRESENTATIVE OR PROXY		